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Bib Data Sheet

CONFIRMATION NO. 1156

SERIAL NUMBER 09/181,658	FILING DATE 10/29/1998 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. CITI0113	
APPLICANTS PATRICK SAVAGE, JACKSONVILLE, FL; JITENDRA CHHIKARA, JACKSONVILLE, FL; FREDERICK W PLATZ, JR., CLEVELAND, TN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/13/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 31	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 2
ADDRESS 27510 KILPATRICK STOCKTON LLP 607 14TH STREET, N.W. WASHINGTON , DC 20005					
TITLE METHOD AND SYSTEM OF COMBINED BILLING OF MULTIPLE ACCOUNTS ON A SINGLE STATEMENT					
FILING FEE RECEIVED 1922	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER <div style="text-align: center;">09/181,658</div>	FILING DATE <div style="text-align: center;">10/29/98</div>	CLASS <div style="text-align: center;">705</div>	GROUP ART UNIT <div style="text-align: center;">2761 2765</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">CITI0113</div>
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APPLICANT

PATRICK SAVAGE, JACKSONVILLE, FL; JITENDRA CHHIKARA, JACKSONVILLE, FL;
 FREDERICK PLATZ, JR., CLEVELAND, TN.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/13/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </div>	STATE OR COUNTRY FL	SHEETS DRAWING 31	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 2
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TITLE

METHOD AND SYSTEM OF COMBINED BILLING OF MULTIPLE ACCOUNTS ON A
 SINGLE STATEMENT

FILING FEE RECEIVED <div style="text-align: center;">\$1,646</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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